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Bib Data Sheet

CONFIRMATION NO. 6589

<b>SERIAL NUMBER</b> 10/510,155	<b>FILING OR 371(c) DATE</b> 07/11/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 21101.0104U2
<b>APPLICANTS</b> Kimberly A Kelly, Burlington, MA; David A Jones, Salt Lake City, UT;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/10630 04/07/2003 which claims benefit of 60/369,850 04/05/2002				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 25
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23859				
<b>TITLE</b> Colon tumor specific binding peptides				
<b>FILING FEE RECEIVED</b> 549	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	